

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 533128

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14	1						
15	1						
16	1						
17	1						
18	1						
19	1						
20	1						
21	1						
22	1						
23	1						
24	1						
25	1						
26	11						
27	1						
28	1						
29	1						
30	1						
31	1						
32							
33							
34							
35							
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37							
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39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	3		↓		↓		↓
TOTAL DEP.	15	←		←		←	
TOTAL CLAIMS	18	[REDACTED]		[REDACTED]		[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57							
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90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	